

Montana Department of Corrections

Health, Planning and Information Services Division
Health Services Report

Corrections Advisory Council



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Scope and Purpose

The purpose of this report is to provide committee members with an update on the progress health services has made on the provision of medical and mental health services to Montana's offender population.

Medical Health

Recent Accomplishments and Developments

○ Physician Hired

The department recently hired a physician. After a lengthy period of time without a physician, Dr. Tristin Kohut joined the medical team at Montana State Prison. He is retired from the U.S. Air Force after providing over 20 years of family practice medical service and recently moved to Deer Lodge from Rapid City, South Dakota. He will be on staff from Monday through Friday at the prison.

○ Dentist/Dental Director Retired August 2006

The department is in the process of reviewing its dental needs on a state-wide basis. While we have a need for a dentist on site at the Montana State Prison, the Health, Planning and Information Services Division has set a goal to have a dentist serving in the role of a dental director to oversee all dental programs in all department facilities as part of an effort to provide consistency and continuity of treatment for all offenders' dental needs.

○ Nurses on staff in Pre-Release Centers

All Pre-Release Centers are now required to employ a nurse for no less than 15 hours weekly to address medical needs of offenders. Having more immediate access to medical care will reduce the number of offenders seeking outside healthcare in communities. Further, medical information is being transferred along with offenders stepping down from secured facilities to community programs. This will allow community medical providers to review past medical information, enhance continuity of care, and decreases the need to repeat diagnostic tests.

○ Discharge Planning Team in place at Montana State Prison

The Department of Corrections has formed a discharge planning team that meets monthly at MSP to discuss offenders that are nearing their discharge date. The purpose of the team is to seek out resources such as housing, medical/mental health services, and other support services to ease offenders' transitions as they work through the step-down process back into society. The team is a collaboration of employees from the Department of Corrections Health Services Bureau, prison medical, mental health, and IPPO, First Health, the Department of Public Health and Human Services and the Montana Veterans Affairs.

○ Compliance Monitoring

The Department of Corrections continues to provide a monitoring system that assures system-wide compliance with all department policy and operational procedures, statutory requirements, and staff performance standards. Although the monitoring

team addresses other issues such as security, healthcare is monitored to ensure all contract requirements are being met efficiently and timely. Staff reviews healthcare, availability of services to offenders, and medical records are reviewed. Due to these efforts, the delivery of healthcare continues to improve on a system-wide basis.

- **Prison Rape Elimination Act (PREA)**

In conjunction with the department-wide implementation of PREA, medical staff will be developing policies that detail kinds of evidence that is gathered, treatment modality, priorities of treatment, victim isolation, mental health treatment, STD testing, and transfer to outside medical centers or treatment facilities. Prison rape is not part of the offenders' punishment. However, if it does occur, medical staff will be well versed in treating the victim and helping him or her with a speedy recovery.

Mental Health

Problem Definition

Montana Departments of Corrections and Public Health and Human Services do not have a consistent, evidence based treatment strategy and modality across their two systems to address delivery of mental health services. We lack a clear, consistent approach for providing treatment and rehabilitation to people who have a mental illness and/or co-occurring substance use disorder who have been incarcerated for committing crimes. In many cases, incarceration alone is not the answer. Although it protects the public for a period of time, it may not provide the offender with treatment and support to increase the likelihood of successful community reintegration.

Response:

To address this unique challenge, the Departments of Corrections and Public Health and Human Services have embarked on a collaborative effort to begin to bridge these needed services for a very vulnerable and difficult to manage population.

Goal:

To the extent possible, develop an integrated system of care for mentally ill offenders that may include the sharing of clients, information, planning, and resources. A fully integrated system will be measured against these guiding principles:

- Shared clients: Multi-problem clients who traditionally receive service in only one system or receive uncoordinated care in multiple systems are shared by appropriate treatment systems and treated in a coordinated fashion (e.g. single treatment plans, multidisciplinary teams).
- Shared Information: information about programs, services, treatment models and clients move across the traditional lines of service delivery systems.
- Shared planning: multiple systems engage in joint processes to plan integrated services to multi-problem clients.
- Shared resources: the resource available to multiple systems are blended and/or shared to ensure that services are configured in a way that meets the

individualized needs of clients rather than the needs of the systems or providers offering care.

Target Populations

This plan will target both adult and juvenile offenders from all cultural, social and economic backgrounds. The target audience includes both male and female individuals who suffer from a serious mental illness and/or a co-occurring substance use disorder. Within each specific program effort, services will be developed to address a defined target audience and will include diagnostic as well as criminal profiles. Further, historical data on the group(s) will be gathered and serve as a benchmark to measure program achievements.

Recent Accomplishments and Developments

○ Behavioral Health Program Facilitator

The DOC and DPHHS share one employee, the Behavioral Health Program Facilitator (BHPF). This position has been created and filled to facilitate system changes within the mental health, substance abuse and criminal justice programs to enhance the recovery of these individuals. This shared employee will work to improve the way the Departments of Corrections and Public Health and Human Services function together on behalf of individuals with serious mental illnesses and /or co-occurring chemical dependency. Often referred to as a “Boundary Spanner”, this position coordinates services in order to most effectively link offenders to appropriate treatment.

○ Probation Intervention Project

The DOC Probation Intervention Project has been initiated to create designated inpatient chemical dependency treatment beds at Montana Chemical Dependency Center (MCDC) for probation violators at risk of revocation. Eight beds will be available throughout the year for DOC placements referred from Probation Hearing Officers and recommended by Licensed Addiction Counselors.

○ STEP Project

Planning has begun for a facility to treat mentally ill offenders in a healthcare setting. The STEP project is currently disapproved in both departmental EPP requests. However, department leadership at DOC and DPHHS recognizes the importance of this project and continue to work toward a solution that will improve the delivery of mental health services to our offenders.

○ Mental Health Oversight Advisory Council

The Corrections Advisory Council (DOC) will hear an update on Criminal Justice Recommendations from the Mental Health Oversight Advisory Council (DPHHS).

○ Training Probation and Parole Officers

A training curriculum on mental health and addictions issues is being developed by the University of Montana for Probation and Parole Officers. This focused training

will help officers to recognize when offenders are having issues related to mental health or addictions and will enable offenders to get treatment or counseling before they re-offend.

○ **Mental Health Retreat**

Staff recently met with mental health professionals and advocates to discuss Montana's mental health system. During this meeting, the group examined the development of the mental health system, trends that currently impact the public mental health system, and described what the ideal system might look like in the future. The group identified a number of issues that affect the mental health system in Montana such as: 1) shortages of resources such as qualified mental health workers and funding; 2) the role of the Montana State Hospital; 3) the reactive nature of current system and how to address "I have to be really sick to get help"; 4) criminalization of mental illness and addictions; 5) access to treatment; and 6) movement toward evidence based practices. This group will continue to meet with a goal of developing a complete picture of Montana's mental health system.

Future Plans:

- Develop long range plans for system integration to address the sharing of information, clients and resources to serve the target population.
- Implement routine communication channels between the DOC and DPHHS to address issues relating to the target population.
- Upgrade data collection capabilities within the DOC so that health care information will integrate with offender movement data. This will allow us to better track outcomes for the target population.
- Bridge healthcare information sharing capabilities across DOC & DPHHS to provide for a more consistent transition across systems. This will allow an offender, who has been identified to have a serious mental illness and is working within a defined treatment plan at DOC, to be able to carry this plan forward and continue upon release. Most are required to begin the process again with a new assessment, new plan and delays in treatment resulting in duplication of costs and a significant break in healthcare delivery.
- Educate all treatment programs on nationally recognized screening and assessment tools for co-occurring mental illness and addictions. This will be coordinated through the Co-Occurring Policy Team and Change Agents; a group that has been working on this issue for nearly 2 years.
- Create diversion programs for mentally ill offenders that may prevent incarceration at the highest level of security. These may include treatment or specialty courts, training for law enforcement, and other diversion programs.
- Leverage resources for successful re-entry of mentally ill offenders who may not meet benefit eligibility guidelines for publicly funded mental health services.